U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 901692 Substitute for Form PTO-875 **QTHER THAN** CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) RATE FEE NUMBER FILED NUMBER EXTRA RATE FEE FOR BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS ŝ, OR minus 3 (37 CFR 1.16(b)) OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) TOTAL OR ...TOTAL * If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II CLAIMS AS AMEND OTHER THAN OR (Column 3) SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) CLAIMS HIGHEST ADDI-PRESENT RATE ADDI-RATE REMAINING NUMBER NŒ **EXTRA** TIONAL **PREVIOUSLY** ENT **AFTER** FEE., FEE AMENDMENT PAID FOR Minus Total (37 CFR 1.16(c)) 101£ ENDMI OR Independe Mine. Minus = OR ! FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 3) (Column 2) (Column 1) HIGHEST ADDI-1AIN CLAIMS RATE PRESENT ADDI-RATE \mathbf{m} NUMBER REMAINING TIONAL **EXTRA** TIONAL **PREVIOUSLY AFTER** IENT FEE FEE PAID FOR AMENDMENT Tolg Minus Total ENDMI OR (37 CFR 1.16(c)) Minus Min OR ÖR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Column 2) (Column 3) (Column 1) ADDI- AII CLAIMS HIGHEST PRESENT ADDI-RATE RATE O REMAINING NUMBER TIONAL viC: **EXTRA** TIONAL PREVIOUSLY **AFTER** F FEE FEE AMENDMENT PAID FOR 竝 Mar Minus Total (37 CFR 1.16(c)) MENDM OR-Independent (37 CFR 1.16(b)) າວອຸທອກຄູ win. Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. if the entry in column 1 is in ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". et die Thijfeet Hunde Die *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden; should be sent to the Chief Information Officer, U.S. Patentand Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT APPLICATION FEE DETERMINATION RECOR										Application or Docket Number				
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY			OTHER THAN R SMALL ENTITY		
FOR NUM			NUMBI	ER FILED		NUMBER EXTRA			RATE	FEE		RATE	FEE	1
BASIC FEE										385.00	OR		770.00	1
TOTAL CLAIMS			10	minu	s 20 =	a •		,	x\$11=		OR	x\$22=		1
INDEPENDENT CLAIMS				min	us 3 =	•		r	x40=		OR	x80=		
MULTIPLE DEPENDENT CLAIM PRESENT								130=		OR	+260=		1	
* if the difference in column 1 is tess than zero, enter "0" in column 2									TOTAL		OR	TOTAL	SC	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL ENTITY			OTHER THAN SMALL ENTITY		
AMENDMENT &	D	REMA AF	NIMS NINING TER DMENT		PRE	GHEST UMBER EVIOUSLY ND FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 1	3	Minus	<u>"</u>	20		×	\$11=		OR	x\$22=	1	
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								130=	/	OR	+260=	7	
(Column 1) (Column 2) (Column 3)											OR ,	TOTAL ADDIT. FEE	t	
AMENDMENT	ع	CLA REMA AFI AMENI	ER		NI PRE	GHEST UMBER VIOUSLY UD FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								130=		OR	+260=		
(Column 1) (Column 2) (Column 3)											OR ,	TOTAL DOIT. FEE	8800	
AMENDMENT C	F	CLAIMS REMAINING AFTER AMENDMENT		N PRE		GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	[RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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	FIRST PRES			+	130=		OR	+260=						
	he entry in colum he "Highest Nur he "Highest Nur e "Highest Nurr						mn 3. 20, enter "20." 3, enter "3." dghest number fou		TOTAL IT. FEE		OR _A Romuto	TOTAL DOIT, FEE		

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If the entry in column 1 is

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If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

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